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Bib Data Sheet

CONFIRMATION NO. 9556

<b>SERIAL NUMBER</b> 10/038,973	<b>FILING DATE</b> 12/31/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> 17,693
<b>APPLICANTS</b> James J. Hlaban, Neenah, WI; Laura J. Keely, Neenah, WI; Mary L. McDaniel, Appleton, WI; Patricia A. Mitchler, Neenah, WI; William G. Reeves, Appleton, WI; Heather A. Sorebo, Appleton, WI; Susan M. Weyenberg, Appleton, WI;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/297,001 06/08/2001 AND CLAIMS BENEFIT OF 60/315,254 08/27/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/07/2002</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 27
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 23556				
<b>TITLE</b> Labial pad having various means				
<b>FILING FEE RECEIVED</b> 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	